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consmitted to the USPTO (571) 273-2885, on the date indicated below. JOHNSON & JOHNSON ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933-7003 Jamie D. Wardell amil (Signature (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/674.235 09/29/2003 Rudolph Nobis ENDS214USNP 1897 TITLE OF INVENTION: ACTUATION MECHANISM FOR FLEXIBLE ENDOSCOPIC DEVICE APPLN, TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE acorprovisional, \$1510 \$300 \$0 S1810 03/22/2010 EXAMINER ART UNIT CLASS-SUBCLASS NGUYEN, VIX 3731 606-205000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Pee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE FRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Recordal Date: 06/28/2004 Reel/Frame: 015508/0744 ETHICON ENDO-SURGERY, INC. CINCINNATI, OHIO Please check the appropriate assignee category or categories (will not be printed on the parent): 🔲 Individual 🔯 Corporation or other private group entity 🚨 Government 4a. The following fec(s) are submitted: 4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) X Issue Fee A check is enclosed. Dublication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 10-0750 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) Q a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Pee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. /Gerry S. Gressel/ 2010 IF2 <u>89/888896 188758</u> 18674235 March 16 Authorized Signature Gerry S. Gressel Typed or printed name \_\_\_\_ <u>34.342 sg da</u> Registration No. 501

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is 60 file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND PEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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